MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09845715	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2	+	/						52						
3	&							53						
4		/						54						
5		/						55						
6		/						56						
7								57						
8								58						
9		/						59						
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11								61						
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13								63						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	5	←		←		←		TOTAL IND.		←		←		←
TOTAL DEP.	30							TOTAL DEP.						
TOTAL CLAIMS	35							TOTAL CLAIMS						

* *MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS*

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE
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